

RECEIVED

OCT 05 2004

BEAS REGION 5

PRE-CERCLIS SCREENING ASSESSMENT CHECKLIST/DECISION FORM

This checklist can assist the site investigator during the Pre-CERCLIS screening. It will be used to determine whether further steps in the site investigation process are required under CERCLA. Use additional sheets, if necessary.

Checklist Preparer:

GEORGE A. PARRINO P.G. / HYDROG. 7/6/04
 (Name/Title)
 2300 N. M.L. KING DR. MILW. (414) 263-8680
 (Address) (Phone)
 GEORGE.PARRINO@DNR.STATE.WI.US
 (E-Mail Address)

Site Name:

CROWN METAL CO.

Previous Names (if any):

Site Location:

121-127 E. WASHINGTON ST.
 (Street)
 MILW. WI 53204-2434
 (City) (Zip)

Latitude:

43°01'11.4" N

Longitude:

87°54'36.9" W

Complete the following checklist. If "yes" is marked, please explain below.

	YES	NO
1. Does the site already appear in CERCLIS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is the release from products that are part of the structure of, and result in exposure within, residential buildings or businesses or community structures?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the site consist of a release of a naturally occurring substance in its unaltered form, or altered solely through naturally occurring processes or phenomena, from a location where it is naturally found?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Is the release into a public or private drinking water supply due to deterioration of the system through ordinary use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Is some other program actively involved with the site (i.e., another Federal, State, or Tribal program)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are the hazardous substances potentially released at the site regulated under a statutory exclusion (i.e., petroleum, natural gas, natural gas liquids, synthetic gas usable for fuel, normal application of fertilizer, release located in a workplace, naturally occurring, or regulated by the NRC, UMTCA, or OSHA)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Are the hazardous substances potentially released at the site excluded by policy considerations (e.g., deferral to RCRA Corrective Action)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is there sufficient documentation that clearly demonstrates that there is no potential for a release that could cause adverse environmental or human health impacts (e.g., comprehensive remedial investigation equivalent data showing no release above ARARs, completed removal action, documentation showing that no hazardous substance releases have occurred, EPA approved risk assessment completed)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please explain all "yes" answer(s), attach additional sheets if necessary:

SITE BEING MANAGED BY WASTE PROGRAM
 BY STATE LEAD SITE

US EPA RECORDS CENTER REGION 5



402839

Site Determination:

☐ Enter the site into CERCLIS. Further assessment is recommended (explain below).

☒ The site is not recommended for placement into CERCLIS (explain below).

DECISION/DISCUSSION/RATIONALE:

In recognition of the October 1995 Brownfields Memorandum of Agreement between WDNR and EPA, this property is being addressed as a state-lead site.

Regional EPA Reviewer:

LAURA RIPLEY *Laura Ripley*
Print Name/Signature

10/12/2004
Date

State Agency/Tribe:

GEORGE PARRINO *George Parrino*
Print Name/Signature

8/25/04
Date

Instructions: Information sources that can be used to fill out this worksheet include: BRRS, SHWIMS, R&R files, WA files, regional geologic information resources, Waste Staff, County Solid Waste staff (if there is one for the county) and the EPA web site for CERCLIS. Other possible resources may include: city/town files, county files, aerial photos, readily available Sanborn Insurance maps and interviews with former employees or neighbors.

All comments should be referenced by section number in the Comments section, page 5.

I. Site Name

Site Name CROWN METAL CO.	County MILWAUKEE	Region SE
Location 117-121 E. WASHINGTON ST.	Is the site known by another name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
<input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of MILWAUKEE	State WI	If yes, Name

II. Legal Description of Site

Attach a map with site location and limits of fill/waste disposal area.

A. Has site been geolocated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	B. Locational Information: Other Sources				
Latitude* 43°01'11.4"N		Longitude* 87°54'36.9"W			
Date	1/4 1/4 SE	1/4 32	Section 7	Township N	Range E/W 22E

*Latitude and Longitude information is required on EPA screening checklist.

III. Site Background Information

Responsible Municipal/Private Operator Name CROWN METAL CO.		
Street or Route 121 E. WASHINGTON ST.	Telephone Number 384-6500	
City MILWAUKEE	State WI	ZIP Code 53204

Present Property Owner Name

SAME

IV. Waste Disposal Site's Regulatory ID Numbers

DNR FID No. (9 digits)
Solid Waste License ID No. (4 digits) <input type="checkbox"/> TEMP
Hazardous Waste Facility License ID No. (5 digits)
USEPA ID No. (used for both RCRA and CERCLIS #s) (WI+Alpha+9 digit)

BRRS ID No. (2 digit program-2 digit county-6 digit site specific)

BRRS Activity Name		
<input type="checkbox"/> LUST	<input type="checkbox"/> SPILL	<input type="checkbox"/> Superfund
<input type="checkbox"/> ERP	<input type="checkbox"/> VPLE	

SHWIMS Site ID No.

Other

V. Type of Site: Current and Historic (check all that apply)

A. <input type="checkbox"/> Landfill	<input type="checkbox"/> Approved	<input type="checkbox"/> Non-approved [see s.289.01(3) Wis. Stats]	<input type="checkbox"/> 50,000-500,000 cubic yards
<input type="checkbox"/> Licensed	<input type="checkbox"/> Lined	<input type="checkbox"/> Unlicensed	<input type="checkbox"/> 500,000-1 million cubic yards
<input type="checkbox"/> Composite liner	<input type="checkbox"/> Clay liner	<input type="checkbox"/> Unlined	<input type="checkbox"/> 1-2 million cubic yards
<input type="checkbox"/> Other liner (silt or other)	<input type="checkbox"/> Unengineered	<input type="checkbox"/> Construction/Demolition	<input type="checkbox"/> 2-5 million cubic yards
	<input type="checkbox"/> One-time disposal	<input type="checkbox"/> < 50,000 cubic yards	<input type="checkbox"/> 5-10 million cubic yards
			<input type="checkbox"/> 10-20 million cubic yards

Pre-CERCLIS Screening Worksheet

Form 4400-219 (3/01)

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V. Type of Site: Current and Historic (check all that apply), continued

Does the landfill have a closure plan?

☐ Yes☐ No☐ Unknown

Date of Plan: _____

Does the landfill have a groundwater monitoring plan?

☐ Yes☐ No☐ Unknown

Date of Plan: _____

Have groundwater monitoring wells been installed?

☐ Yes☐ No☐ UnknownWas a cover installed? ☐ Yes ☐ No☐ Composite cap☐ Layered soil cap with clay barrier☐ Clay cap☐ Soil cap - not recompacted clay☐ Other cover☐ Unknown

What is the thickness of the cover?

☐ <6 in☐ 6-12 in☐ 12-24 in☐ >24 in☐ UnknownB. ☐ Agricultural co-op☐ Brush pile☐ Bulk plant☐ Coal gas manufacturer☐ Deer pit☐ Dry cleaner☐ Electroplater☐ Lagoon☒ Manufacturing Type: LEAD (?)☐ Old burn pit☐ Pipeline☐ RCRA generator☐ Salvage yard☐ Service Station☐ Tannery☐ Unknown☐ Other: _____

C. Date of Most Recent Report or Correspondence

D. Date(s) of Site Operation

No. of Years

☐ Unknown

VI. Waste Information & Geologic Environment

A. Known or Suspected Sources/Wastes. Check all that apply.

☐ Abandoned containers☐ Above ground pipeline or tank☐ Animal carcasses☐ Buried drums☐ Burning of materials☐ Demolition /construction waste☐ Fly ash☐ Foundry sand☐ Industrial accident☐ Known or suspected hazardous materials☐ Municipal waste☐ Paper mill sludge☐ Surface impoundment/lagoons☐ Surface spills☐ Transformer☐ Trees/brush☐ Underground pipeline or tank☐ Exempted fill [NR 500.08(1) and (2)]☐ Unknown☒ Other: LEAD (?)

B. Physical Characteristics of Sources/Wastes

☐ Liquid☐ Solid☐ Liquid & Solid☒ Unknown

C. Waste Containment

☐ Engineered cover☐ Maintained☐ Not maintained☐ Functioning & maintained run-off management system☐ Functioning groundwater monitoring system☐ Functioning leachate collection & removal system☐ Liner☒ Unknown☐ Not applicable

D. Soil Type: Estimate distances or determinations based on regional or site specific information.

☒ Regional ☐ Site specific

Clay, silt or other fine grained soils present? (lacustrine, tills, etc.)

☒ Yes☐ NoAt surface? ☐ Yes ☒ NoAt depth? ☒ Yes☐ No6² ft. feetSand & gravel, coarse grained soils present? ☒ Yes ☐ NoAt surface? ☒ Yes ☐ NoAt depth? ☐ Yes☒ No

_____ feet

Fill to 6⁰ ft.

VI. Waste Information & Geologic Environment, *continued*

E. Depth to Groundwater: ☒ Regional ☐ Site specific 35° feet

F. Direction of Groundwater Flow: ☒ Regional ☐ Site specific EAST direction

G. Depth to Bedrock: ☒ Regional ☐ Site specific 50° feet

H. Bedrock Type: ☒ Regional ☐ Site specific ☐ Sandstone ☒ Limestone/Dolomite ☐ Metamorphic/Igneous

VII. Receptor Information

A. Documentation of Site Visit

A site visit must be conducted to complete the site screening. If you do not have access to enter the property, the site visit should be conducted from the perimeter of the site with the use of binoculars. The intent of the site visit is to determine general site conditions/on-site activities and adjacent land use encroachment issues.

On-site inspection conducted?

☒ Yes ☐ No

General site conditions: Document any observed releases and note whether you were able to walk the site. Some examples of things to be aware of include leachate seeps, or evidence of seeps such as stained soil/vegetation; stressed vegetation as a sign of gas migration to the surface, or of leachate seeps; quality and coverage of vegetation on the cap; odors which may indicate gas migration to the atmosphere; erosion of the cap; maintenance of positive drainage over the capped area; visual desiccation cracks in the cap. **Record comments on the comment page, Section X.**

Please attach the following to the end of the worksheet: ☒ Photographs, regular or digital (required) ☐ Site sketch (optional)

Name(s) of Person(s) Conducting Site Visit

GEORGE A. PARRINO P.G.

Date of Site Visit

06/22/04

B. Adjacent Land Uses. Indicate all directions. Check all that apply.

<input type="checkbox"/> Agricultural	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input checked="" type="checkbox"/> Industrial	<input type="checkbox"/> N	<input checked="" type="checkbox"/> S	<input checked="" type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input type="checkbox"/> Recreational	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input checked="" type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input checked="" type="checkbox"/> Undeveloped	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input checked="" type="checkbox"/> W	<input checked="" type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input type="checkbox"/> Other: _____	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW

C. Potential Groundwater Receptors. Estimate distances. (1 mile = 5,280')

Distance to and direction of nearest municipal well: NA feet ☐ > ½ mile from the waste _____ directionDistance to and direction of nearest other-than-municipal well: NA feet ☐ > ½ mile from the waste _____ directionDistance to and direction of nearest non-community well: UNK feet ☐ > ½ mile from the waste _____ directionDistance to and direction of nearest private well: UNK feet ☐ > ½ mile from the waste _____ directionDistance to and direction of nearest residence: 12 feet ☐ > ½ mile from the waste W direction

_____ No. of homes within 300 feet of waste (gas migration potential)

_____ No. of homes between 300 & 1,000 ft to waste (gas migration potential)

Distance to and direction of nearest building: 12 feet ☐ > ½ mile from the waste _____ directionType of building: ☐ On-site building ☐ Municipal ☒ Residential ☐ Commercial ☐ Industrial ☐ Unknown

Indicate any other information on attached comment sheet.

D. Potential Surface Water Receptors. Estimate distances.

<input type="checkbox"/> Creek: _____ feet	<input type="checkbox"/> Drainage ditch: _____ feet	<input type="checkbox"/> Intermittent stream: _____ feet
<input type="checkbox"/> River: _____ feet	<input type="checkbox"/> Lake: _____ feet	<input type="checkbox"/> Wetland: _____ feet

VII. Receptor Information, continued

E. Based on the site visit, did you visually observe...

- | | | | |
|---------------------------------------|------------------------------|--|----------------------------------|
| 1. a release to a surface water body? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 2. a leachate seep? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 3. a release to soils? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unknown |

F. Any odors of concern?

☐ Yes ☒ No ☐ Unknown
VIII. Database Selection & Screening Decision

A. Is there analytical data for the media of concern?

- | | | | |
|----------------------------|------------------------------|--|------------------------------|
| 1. Groundwater: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. Soil: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Surface water/sediment: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Air: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |

If yes, go to B. If no, go to C

B. Based on analytical data from A, is there a documented release to the environment?

- ☐ Yes: ☐ Groundwater ☐ Soil ☐ Surface water/sediment ☐ Air
☒ No

If yes, the site goes into BRRTS - go to F. If no, go to C.

C. Based on answers to question VII E and F, did you observe a release to surface water, leachate seep, soil or air?

- ☐ Yes - go to F
☒ No - go to D

D. Based on known or suspected sources/wastes, their physical characteristics, containment & geologic environment, do you suspect there has been or will be a release to the environment?

- ☒ Yes: ☐ Groundwater ☒ Soil ☐ Surface water/sediment ☐ Air
☐ No

If yes, go to F. If no, go to E.

E. If there is NOT a likelihood of a release or a visually observed release of concern, does the site fit any of the following archive criteria?

- ☐ Yes
☐ 1. No documented waste disposal and no evidence on-site
☐ 2. Documented waste removal and no evidence on-site
☐ 3. Waste type is no longer regulated and is not a threat to public health, safety, welfare or the environment. [See NR500.08(1)&(2)]
☐ 4. Almost no site information and unable to locate site

If yes to any of the criteria, the site is archived - site goes to archive list

☐ No, site does NOT fit archive criteria.

If archive criteria are not met, site goes to SHWIMS - skip F and G

F. Based on proximity to receptors, environmental data or observations, and other relevant factors, is there a need for immediate action? (Is there a known or high potential for an imminent threat to human health?)

- ☐ Yes: Should state/local health departments be contacted? ☐ Yes ☐ No
☒ No

G. Based on known or suspected sources/wastes, their physical characteristics, containment & geologic environment at this site, is initial or further sampling recommended?

- ☒ Yes: ☒ Initial ☐ Groundwater ☒ Soil ☐ Surface water ☐ Air (landfill gas)
 ☐ Further ☐ Groundwater ☐ Soil ☐ Surface water ☐ Air (landfill gas)
☐ No
☐ Continue current monitoring schedule as per Waste Management Program

IX. Sampling Explanation & Other Work Recommended

A. To document your decision for future project managers/staff, briefly explain the rationale for the overall site decision and sampling recommendation. To facilitate sampling, please include the receptor information including well(s) location/address, owner's name, mailing address, and phone number.

POTENTIAL FOR LEAD IMPACTS TO NEARBY SOILS

B. If you believe additional work is needed or not needed (addressing leachate problems, exposed waste, inadequate cover, etc.) please indicate on comment page.

X. Comments

I. CITY OF MILWAUKEE RECORDS LIST ADDRESS AS 127 E. WASHINGTON ST., OWNER ADDRESS LISTED AS 121 E. WASHINGTON ST. QUERIES ON 121 E. WASHINGTON YIELD NO RESULTS.

- TWO, FLUSH MOUNT WELL VAULTS ARE LOCATED IN THE SIDEWALK APPROX. 150 FE. ESE OF FACILITY. NO KNOWN ACTIVITIES ARE ASSOCIATED WITH THESE MONITORING WELLS.

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XI. CERCLIS Screening Decision

- ☐ Site is in CERCLIS
- ☐ Site is in CERCLIS as NFRAP (no further remedial action planned)
- ☒ DO NOT add to CERCLIS -- see attached EPA Checklist
- ☐ Add site to CERCLIS* -- see attached EPA Checklist
- DNR Regional Office recommends that a Superfund Preliminary Assessment/Site Investigation be conducted by the Region, with potential for a Hazard Ranking Score and inclusion on the NPL

Signature of Team Supervisor

Date

*Only sites that are being added to CERCLIS require the signature of the RR Team Supervisor.

XII. BRRTS, SHWIMS, & Archive Information**Note: All sites, except archived sites, must be in SHWIMS or added to SHWIMS to be tracked as a waste disposal area.****SHWIMS:**

- ☐ Site is in SHWIMS
- ☐ Update information in SHWIMS, attach printout with changes highlighted
- ☒ Add site to SHWIMS (if VIII E is no)

BRRTS:

- ☐ Site is in BRRTS
- ☐ Update information in BRRTS, attach activity detail report with changes highlighted
- ☐ Add site to BRRTS, follow regional procedure (If VIII B is yes)

Archive:

- ☐ Archive site (If VIII E is yes)

Print Name of Screener

Date

GEORGE A. PARRINO P.G.

06-23-04

Signature of Screener

Date

08-18-04

Name of File Reviewer, if different than screener



PROPERTY ASSESSMENT RESULTS

TAX ACCOUNT BALANCE

GENERAL INFORMATION

ADDRESS	127 THRU 127 E WASHINGTON ST
TAXKEY	431-0258-100-9
OWNER	CROWN METAL CO, INC
OWNER ADDRESS	121 E WASHINGTON ST MILWAUKEE WIS 532040000

ASSESSMENT

	2004	2003
LAND	\$34,000	\$34,000
IMPROVEMENTS	\$154,700	\$154,700
TOTAL	\$188,700	\$188,700
CURRENT CLASS	MANUFACTURING	

Assessments reflect the estimated value on January 1st of the indicated year.

OTHER PROPERTY INFORMATION

- LAST CONVEYANCE:
 - DATE: 00/00
 - TRANSFER FEE: \$0.00 ([CLICK HERE FOR FEE EXPLANATION](#))
- STORIES: 0.0
- RESIDENTIAL BUILDING STYLE:
- EXTERIOR WALL TYPE:
- YEAR BUILT: 1939
- DWELLING UNITS: 1 ([CLICK HERE FOR DWELLING UNITS EXPLANATION](#))
- TOTAL SQUARE FEET FLOOR AREA: 17,500
 - FIRST FLOOR AREA:
 - SECOND FLOOR AREA:
 - THIRD FLOOR AREA:
 - FINISHED ATTIC AREA:

- FINISHED HALF STORY AREA:
- BASEMENT LIVING AREA:
- ROOM-COUNTS
 - TOTAL ROOMS: 0
 - BEDROOMS: 0
 - BATHS: 0
 - HALF BATHS: 0
- CENTRAL AIR CONDITIONING: NO
- BASEMENT: NONE
- FIRE PLACE:
- GARAGE TYPE: NONE
- LOT SIZE: 17511
- PLAT PAGE: 43105
- ZONING: IH ([CLICK HERE FOR ZONING EXPLANATION](#))
(For zoning information contact Milwaukee Development Center at 286-8211.)
- ASSESSMENT NEIGHBORHOOD 6300
- ALDERMANIC DISTRICT: 12
- CENSUS TRACT: 154
- LEGAL DESCRIPTION:
LEGALS MILWAUKEE PROPER IN SE 1/4 SEC 32-7-22
DESCRIPTION BLOCK 14 LOTS 3 & 4 & W 25' LOT 2

For more information contact the Assessor's office at 414-286-3651



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Property Names Summary

Created 07/06/04 12:46 Address: 127- 127 E WASHINGTON ST

=====

Real Estate Master File Information

Owner	Taxkey:431-0258-100
CROWN METAL CO, INC	Land use:3356 #Units: 1
	Lot size: 17511
	Year Built:1939
121 E WASHINGTON ST	Conveyance Date:00/00 Type:
MILWAUKEE WIS	53204-0000 Name Change Date:03/16/71
	Building Area: 17500
	First Floor Area: 0

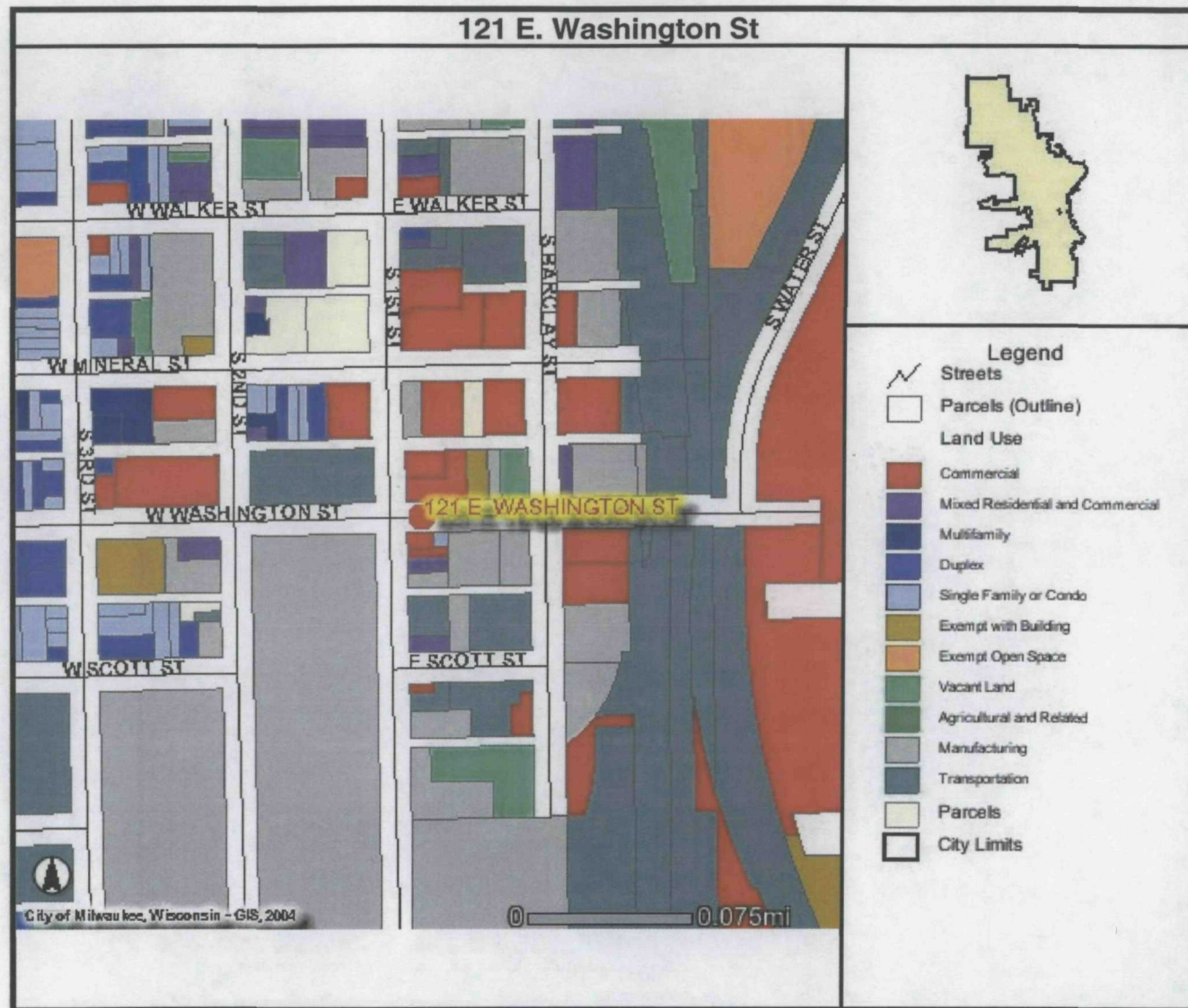
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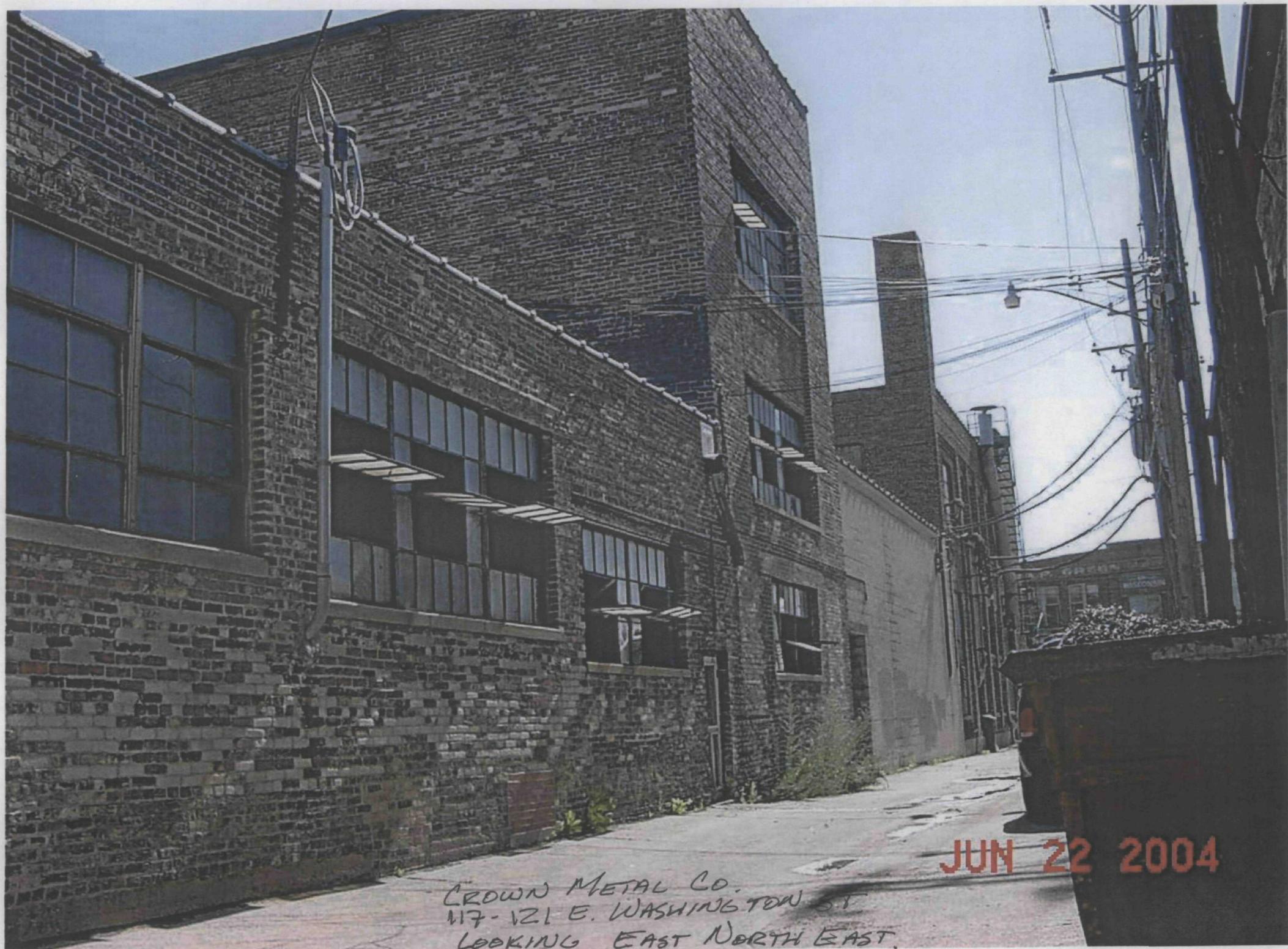
Recording information

Application Number: 46392 Type:Update previous application
Date Received:06/29/98 Ownership Transfer Date:00/00/00

Neighborhood Services Recording Names

Owner	
CROWN METAL CO INC	
Registered Agent::	
Ownership type: Titleholder	
Home:[414] - ()	Work:[414] 384-6500 ()
Street Address	Mailing Address
121 E WASHINGTON ST	121 E WASHINGTON ST
MILWAUKEE	WI 53204
MILWAUKEE	WI 53204



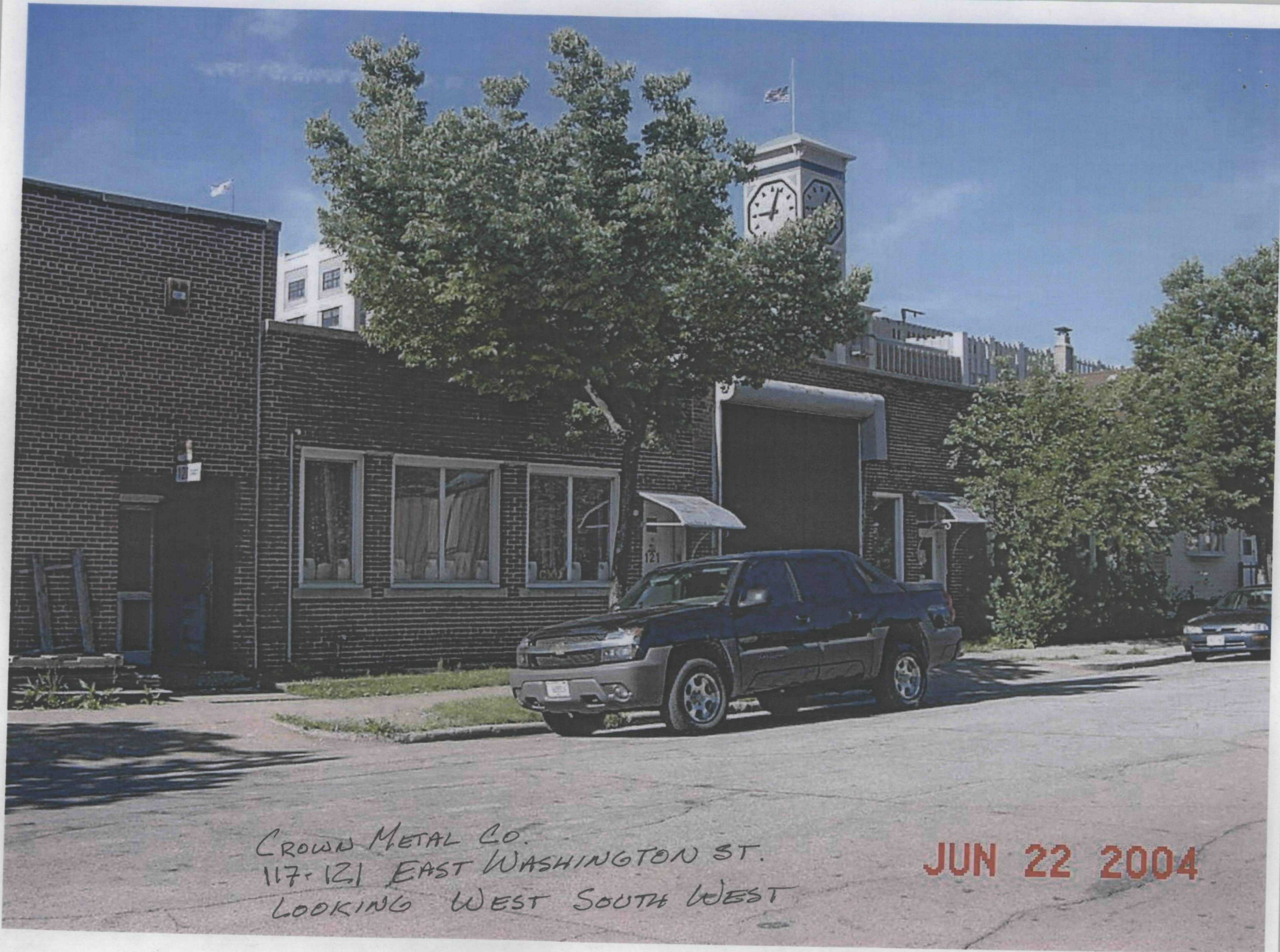


CROWN METAL CO.
117-121 E. WASHINGTON ST.
LOOKING EAST NORTH EAST.

JUN 22 2004

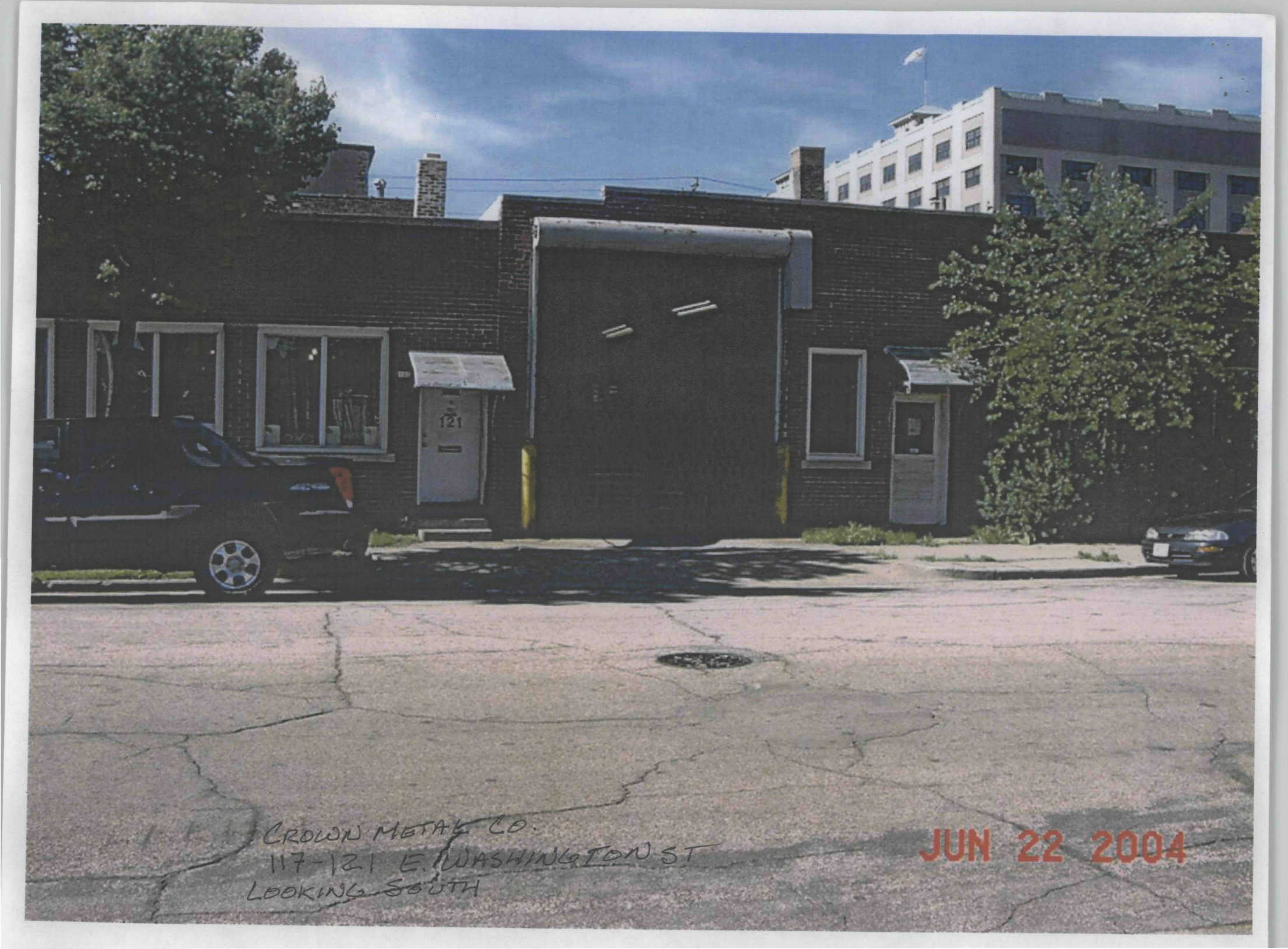
CROWN METAL CO.
117-121 E. WASHINGTON ST.
LOOKING NORTH





CROWN METAL CO.
117-121 EAST WASHINGTON ST.
LOOKING WEST SOUTH WEST

JUN 22 2004



CROWN METAL CO.
117-121 E. WASHINGTON ST
LOOKING SOUTH

JUN 22 2004